

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002389 (4)
1. Corporation Name

COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **369 N NEW YORK AVE THIRD FLOOR WINTER PARK FL 32789**
Mailing Address: **369 N NEW YORK AVE THIRD FLOOR WINTER PARK FL 32789**

2. Principal Place of Business
21 **1330 Palmetto Avenue**
Suite, Apt. #, etc.
22
City & State
23 **Winter Park, Fl.**
Zip Country
24 **32789** 25 **USA**

2a. Mailing Address
26 **1330 Palmetto Avenue**
Suite, Apt. #, etc.
27
City & State
28 **Winter Park, Fl.**
Zip Country
29 **32789** 30 **USA**

3. Date Incorporated or Qualified: **05/04/1994**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-3242839**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GRAHAM, JESSE E
369 N NEW YORK AVE
THIRD FLOOR
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
NAME: **GODWIN, LARRY**
STREET ADDRESS: **1330 PALMETTO AVE**
CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: **D** DELETE
NAME: **SHIVELY, DOUGLAS A JR**
STREET ADDRESS: **1330 PALMETTO AVE**
CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: **D** DELETE
NAME: **MELON, MELISSA**
STREET ADDRESS: **1330 PALMETTO AVE**
CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melissa Melon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (407) 628-4005
Date Daytime Phone #

CR2E037 (12/95)